

ORDER FOR SUPPLIES OR SERVICES										Page 1 Of 5									
1. Contract/Purch Order/Agreement No.			2. Delivery Order/Call No.			3. Date Of Order/Call (YYYYMMDD)			4. Requisition/Purch Request No.			5. Priority							
DAAE20-02-P-0224						2002MAR22			SEE SCHEDULE					DOA5					
6. Issued By				Code		W52H09		7. Administered By (If other than 6)				Code		S3915A		8. Delivery FOB			
TACOM-ROCK ISLAND AMSTA-LC-CFA-B RITA NELSON (309)782-4858 ROCK ISLAND IL 61299-7630  EMAIL: NELSONR@RIA.ARMY.MIL								DCMA PHILADELPHIA 700 ROBBINS AVENUE BLDG 4-A PO BOX 11427 PHILADELPHIA PA 19111-0427											
9. Contractor				Code		62212		Facility				10. Deliver To FOB Point By (Date) (YYYYMMDD)				11. X If Business Is			
												SEE SCHEDULE							
												12. Discount Terms							
												Net 30 Days							
Name and Address												13. Mail Invoices To the Address in Block				See Block 15			
14. Ship To				Code				15. Payment Will Be Made By				Code		HQ0337		Mark all Packages and Papers with Identification Numbers in Blocks 1 and 2			
SEE SCHEDULE								DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS PO BOX 182266 COLUMBUS OH 43218-2266											
16. Type of Order		Delivery/Call		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.															
		Purchase		X		Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation DAAE2002T0102 , Dated _____, furnish the following on terms specified herein.													
				Acceptance. The Contractor Hereby Accepts The Offer Represented By The Numbered Purchase Order As It May Previously Have Been Or Is Now Modified, Subject To All Of The Terms And Conditions Set Forth, And Agrees To Perform The Same.															
Name Of Contractor				Signature				Typed Name And Title				Date Signed (YYYYMMDD)							
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:																			
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE																		SEE SCHEDULE	
18. Item No.		19. Schedule Of Supplies/Service				20. Quantity Ordered/ Accepted*		21. Unit		22. Unit Price		23. Amount							
		SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price																	
		KIND OF CONTRACT: Supply Contracts and Priced Orders																	
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.						24. United States Of America						25. Total		\$5,895.36					
						By: MARY DONOVAN /SIGNED/ DONOVANM@RIA.ARMY.MIL (309)782-4895						Contracting/Ordering Officer						29. Differences	
26. Quantity In Column 20 Has Been												27. Ship. No.		28. D.O. Voucher No.		30. Initials			
						<input type="checkbox"/> Inspected <input type="checkbox"/> Received <input type="checkbox"/> Accepted And Conforms To Contract Except As Noted  _____ Date _____ Signature Of Authorized Govt Representative						<input type="checkbox"/> Partial <input type="checkbox"/> Final		32. Paid By		33. Amount Verified Correct For			
31. Payment		34. Check Number																	
36. I certify this account is correct and proper for payment						<input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final		35. Bill Of Lading No.											
										37. Received At		38. Received By		39. Date Received		40. Total Containers		41. S/R Account Number	

<b>CONTINUATION SHEET</b>	<b>Reference No. of Document Being Continued</b> <b>PIIN/SIIN</b> DAAE20-02-P-0224 <b>MOD/AMD</b>	<b>Page</b> 2 <b>of</b> 5
<b>Name of Offeror or Contractor:</b> FACILITIES INC		

SUPPLEMENTAL INFORMATION  
PHOSPHATE COATING PROCEDURES ARE REQUIRED IN ACCORDANCE WITH MIL-DTL-16232. IT IS REQUESTED THAT PROCEDURES BE SUBMITTED FOR APPROVAL WITHIN SIX WEEKS AFTER DATE OF AWARD.

\*\*\* END OF NARRATIVE A 009 \*\*\*  
HIGHER LEVEL CONTRACT QUALITY ASSURANCE REQUIREMENT ISO 9003 IS INCLUDED IN THIS AWARD.

\*\*\* END OF NARRATIVE A 010 \*\*\*  
EARLIER DELIVERY IS ACCEPTABLE AT NO COST TO THE GOVERNMENT.

\*\*\* END OF NARRATIVE A 011 \*\*\*

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE20-02-P-0224 MOD/AMD	Page 3 of 5
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Name of Offeror or Contractor: FACILITIES INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001  0001AA	<p>SUPPLIES OR SERVICES AND PRICES/COSTS</p> <p><u>Supplies or Services and Prices/Costs</u></p> <p><u>PRODUCTION QUANTITY WITHOUT FIRST ARTICLE/OV</u></p> <p>NSN: 1015-00-857-0421 NOUN: BRUSH,CLEANING,ARTI FSCM: 19206 PART NR: 8768698 SECURITY CLASS: Unclassified PRON: M121F395M1 PRON AMD: 02 ACRN: AA AMS CD: 070011</p> <p><u>Description/Specs./Work Statement</u> TOP DRAWING NR: 8768698</p> <p><u>Packaging and Marking</u> PACKAGING/PACKING/SPECIFICATIONS: 8768698 UNIT PACK: 1 INTERMEDIATE PACK: 1 LEVEL PRESERVATION: Commercial LEVEL PACKING: Commercial</p> <p><u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin</p> <p><u>Deliveries or Performance</u> DOC SUPPL <u>REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD</u> 001 W52H091284A618 W62G2T J 3 <u>DEL REL CD QUANTITY DEL DATE</u> 001 89 19-AUG-2002</p> <p>FOB POINT: Destination</p> <p>SHIP TO: <u>PARCEL POST ADDRESS</u> (W62G2T) XU DEF DIST DEPOT SAN JOAQUIN TRANSPORTATION OFFICER PO BOX 960001 STOCKTON CA 95296-0130</p> <p><u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-02-P-0224/0000</p>	89	EA	\$ 66.24000	\$ 5,895.36
0002	<p><u>Supplies or Services and Prices/Costs</u></p> <p><u>DATA ITEM</u></p> <p>SECURITY CLASS: Unclassified Contractor will prepare and deliver the technical data in accordance with the requirements, quantitties and schedules set forth in the Contract Data Requirements Lists (DD Form 1423), Exhibit A. It is required that data items be delivered using electronic media. Refer to the DD Form 1423 for more specific electronic</p>			\$ ** NSP **	\$ ** NSP **

Name of Offeror or Contractor: FACILITIES INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	<div>delivery information.</div> <div>A DD250 IS NOT REQUIRED</div> <div>(End of narrative B001)</div> <div>Inspection and Acceptance</div> <div>INSPECTION: OriginACCEPTANCE: Destination</div>				

**CONTINUATION SHEET**

Reference No. of Document Being Continued

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PIIN/SIIN DAAE20-02-P-0224

**MOD/AMD**

**Name of Offeror or Contractor:** FACILITIES INC

## CONTRACT ADMINISTRATION DATA

LINE	PRON/	OBLG						JOB		ACCOUNTING	OBLIGATED
ITEM	AMS CD	ACRN	STAT	ACCOUNTING CLASSIFICATION				ORDER	STATION	AMOUNT	
								NUMBER			
0001AA	M121F395M1	AA	2	97	X4930AC6G	6D	26FB	S11116	W52H09	\$ 5,895.36	
070011											
									TOTAL	\$ 5,895.36	

SERVICE						ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>				<u>STATION</u>	<u>AMOUNT</u>
Army	AA	97	X4930AC6G	6D	26FB S11116	W52H09	\$ 5,895.36
						TOTAL	\$ 5,895.36